FORM 2106

STATEMENT OF EMPLOYEE BUSINESS EXPENSES

Calendar year 1965

U.S. Treasury Department Internal Revenue Service

. 1965, and ending v or other taxable year beginning (ATTACH THIS STATEMENT TO YOUR INDIVIDUAL INCOME TAX RETURN) 1965

Instructions.—If, as an employee, you were required to travel and incur business expenses, or to incur transportation, outside salesman, or education expenses during the taxable year, use of this form will help to determine your correct deduction for income tax purposes. Include all expenses you paid or incurred as an employee, or expenses which you charged to your employer (for example, through the use of credit cards), or expenses for which you received an advance, allowance, or reimbursement. For a more detailed explanation of these expenses, see page 7 of the instructions for Form 1040.

If you were paid (reimbursed) by your employer for employee business expenses, you must include such payments as reimbursements on line 6 of this form, unless they have been included on your Form W-2. Any such amounts shown on your Form W-2 should be reported as wages on page 1, line 5, Form 1040. Check with your employer if you are in doubt as to

whether or not the payment is included in your Form W-2.
Rules on proof of deductions for travel, entertainment, and gift expenses are set forth in detail in Publication No. 463 which can be obtained at any Internal Revenue Service Office. For employees, the general rules are:(1) If you have adequately accounted to your employer you will not again be required to provide proof to support your deduction; (2) If you have not made an accounting to your employer you must have complete, accurate, and current records—estimates are not acceptable; and (3) Records must be supported by receipts, paid bills, or similar substantiating evidence for expenditures of \$25 or more, and generally for lodging while traveling away from home regardless of the amount.

Use Form 3903 for computation of the moving expense deduction.

| Your 1 | name | |
|----------------|--|----|
| Addre | ess | |
| Emplo | yer's name | |
| Addre | ess | |
| A. Er | te occupation in which expenses were incurred | |
| 2. | Total travel expenses. Local transportation expenses (not between home and work): (a) Local bus, streetcar, and taxi fares | \$ |
| 3. | Total local transportation expenses. Outside salesmen's expenses: (a) Automobile expenses (from Schedule Å). (b) Other (specify) | |
| 4. | Total outside salesmen's expenses. Employees' expenses other than traveling, transportation, and outside salesmen's expenses to the extent of the reimbursement. | • |
| 5. 6. 7. | Total of lines 1, 2, 3, and 4 | \$ |
| | Report excess employer payments on page 2, Part II, line 8, Form 1040 as "Excess Reimbursements." | |
| | mployee business expenses which are deductible if you itemize deductions on page 2, Part IV, Form 1040. Business expenses other than those included above (specify) | \$ |
| 2. | Total | |

| SCHEDULE | A—AUTO | MOBILE EXPENS | ES | SCHEDULE B | -COMPUTATIO | N OF AUTO | MOBILE BASIS | |
|--|--|--|---|--|--|------------------------------------|---|--|
| Note: Use either the computing your autom A. Total mileage for the B. Portion applicable to Regular method: 1. Gasoline, oil, lubrical Repairs | Regular nobile expeyear | or the Optional nses.¹ | method in miles miles % miles miles miles | through 15 below. If acquired by trade-in of another vehicle previously used in business, complete lines 1 through 15. (The basis for depreciation must be recomputed each succeeding year if the percentage of business use changes.) Old Car Traded-In: 1. (a) Total mileage accumulated | | | | |
| | | | | | | | | |
| | | | | 15. BASIS for co | mputing depreciation | on 9 | <u>></u> | |
| | | SCHEDULE C | -DEPREC | IATION OF AUT | OMOBILE | | | |
| Make and style of vehicle (a) | Date acquired (b) | Basis (From line 15, Schedule B) | Age when acquired (d) | Depreciation allowed in prior years (e) | Method of computing depreciation (f) | Rate (%) or life (years) (g) | Depreciation deductible for this year (h) | |
| SCHEDULE D—ADDI | TIONAL I | | | RNISHED BY P | PERSONS CLAIM | ING A D | EDUCTION FOR | |
| 1. Name and address o | f education | al institution or activ | /ity | | | | | |
| | | | | | | | | |
| | employer to estion 2 is "I d your empl | this effect. No,'' state the primar | ry purpose of period | obtaining the addi | tional education an | d show the re | elationship between | |
| | ects you stud | | al institution s | shown in question 1 c | above or describe yo | ur education | | |
| 5. If you were a candid | | | | | | | | |